

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90066 001 ***150.00

DOCUMENT # 596242

Entity Name
STELLA AND WRIGHT, INC.

Principal Place of Business
49 SW 51ST STREET
DAVIE FL 33314

Mailing Address
4749 SW 51ST STREET
DAVIE FL 33314-5525

Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number 59-1904136
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PETE STELLA
4749 S.W. 51ST STREET
DAVID FL 33314

7. Name and Address of New Registered Agent

Name FRANK Stella
Street Address (P.O. Box Number is Not Acceptable)
1356 NW 129 way
City Sunrise FL Zip Code 33314

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  Frank Stella President 1/20/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

NAME	PD STELLA, PETER	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4749 S.W. 51 STREET	
CITY-STATE-ZIP	DAVIE FL	
NAME	VP THOMAS, STELLA	<input type="checkbox"/> Delete
STREET ADDRESS	4749 S.W. 51 STREET	
CITY-STATE-ZIP	DAVIE FL	
NAME	ST ANN, STELLA	<input type="checkbox"/> Delete
STREET ADDRESS	4749 SW 51 ST	
CITY-STATE-ZIP	DAVIE FL	
NAME	VP STELLA, FRANK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4749 SW 51 ST	
CITY-STATE-ZIP	DAVIE FL 33314	
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-STATE-ZIP		
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frank Stella	
STREET ADDRESS	1356 NW 129 way	
CITY-STATE-ZIP	Sunrise, FL 33314	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK Stella	
STREET ADDRESS	4749 SW 51 ST	
CITY-STATE-ZIP	DAVIE FL 33314	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Frank Stella 1/20/00 (954) 321-9135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #